

STATE LICENSE VERIFICATION

(For use of this form, see USMEPCOM Reg 40-1)

INSTRUCTIONS: MEPS commander, or designate, will verify the state license of the practitioner and document such verification on this form.

FOR OFFICIAL USE ONLY

THIS CERTIFIES THAT I HAVE VERIFIED THAT

(Name of practitioner)

CURRENTLY HAS AN UNRESTRICTED LICENSE TO PRACTICE AS A:

☐

PHYSICIAN

☐

PHYSICIAN'S ASSISTANT

☐

NURSE PRACTITIONER

IN THE STATE OR COMMONWEALTH OF

(State of licensure)

SIGNATURE

RANK AND POSITION

DATE